

Delaware Health Care Commission
Thursday, July 2, 2015 9:00 a.m.
Delaware Tech Terry Campus Corporate Training Center
Rooms 400A & B
100 Campus Drive, Dover

Meeting Minutes

Commission Members Present: Bettina Riveros, Chairperson; Theodore W. Becker, Jr.; Susan A. Cycyk, M.Ed, Director of Prevention and Behavioral Health Services, Department of Services for Children, Youth and Their Families; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice L. Lee, MD; Kathleen Matt, PhD; Janice E. Nevin, MD, MPH; Dennis Rochford; and Karen Weldin Stewart.

Commission Member Absent: Thomas J. Cook, Secretary of Finance; and A. Richard Heffron.

Staff Attending: Michelle Amadio, Executive Director; and Marlyn Marvel, Community Relations Officer.

CALL TO ORDER

The meeting was called to order at 9:00 a.m. by Bettina Riveros, Commission Chair.

JUNE 4, 2015 MINUTES

Commissioner Karen Stewart made a motion that the June 4, 2015 meeting minutes be approved. Ted Becker seconded the motion. There was a voice vote. Motion carried.

AFFORDABLE CARE ACT/HEALTH INSURANCE MARKETPLACE UPDATE

Secretary Rita Landgraf presented an update on Delaware's Health Insurance Marketplace. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

Delaware's Enrollments

- In the second open enrollment period, 25,036 Delawareans enrolled for 2015 coverage through the Marketplace.
- As of March 31, 2015, 22,397 (89.5%) of those enrollees had paid their premiums and had active coverage.
- Of those with active coverage, 19,128 (85.4%) were eligible for Advance Premium Tax Credits, also known as federal subsidies.

U.S. Supreme Court Affirms Subsidies

- Supreme Court ruled 6-3 on June 25 to uphold federal subsidies in marketplaces in every state, not just those fully operating their own exchanges.
- This ruling preserves subsidies for more than 19,000 Delawareans who currently rely on them to help pay for coverage.

What's Next for Delaware

- On June 15, 2015, HHS gave Delaware conditional, non-binding approval to establish a Supported State-Based Marketplace (SSBM).
- SSBM aligns closely with current State Partnership Marketplace. State would continue to:
 - Carry out plan management functions
 - Administer consumer assistance efforts
 - Retain final Medicaid eligibility determination
 - Use HealthCare.gov, the federal enrollment system
- State continues due diligence on relative costs and benefits of SSBM versus maintaining current state-federal partnership marketplace.
- State will make final decision by end of July.

Timeline of Rate Review

- May 15 Issuer justification for rates due
- May 16 – August 23 Actuarial review of rates
- June 15 – July 15 Public comment on rates
- July 16 – August 23 Commissioner's review of rates and approval/disapproval
- August 24-25 Submission of rate recommendations and data to CMS for QHP Certification
- August 26 – September 16 CMS review of QHP application and recommendations
- September 17–18 Certification notices and QHP agreements sent to issuers by CMS
- September 25 Agreements, including final plan list, returned to CMS
- October 8-9 Validations notice confirming final plan list and countersigned agreements sent to issuers by CMS
- October 15 Rates posted on Department of Insurance website

Comment Period for Requested Rates

- In June, the Department of Insurance conducted three public information sessions on the rates requested by insurers in the Marketplace for 2016.
- Insurers presented information on their requested rates and the public had the opportunity to provide comments.
- Written comments will be accepted through July 15, 2015, at ratedivision@state.de.us.

Key Dates

- July 15, 2015 is the end of the public comment period on requested rates
- November 1, 2015 is the beginning of open enrollment for plan year 2016.
- January 31, 2016 is the end of open enrollment for plan year 2016.
- Medicaid enrollment is open all year.
- Small businesses can enroll in SHOP at any time.
- Only those with qualifying life events, such as birth/adoption of a child, loss of minimum essential coverage, aging out of parents' insurance at age 26, etc., may enroll in the Marketplace outside of open enrollment.

CENTER FOR MEDICARE & MEDICAID INNOVATION (CMMI)

CMMI State Health Care Innovation (SIM) Model Update

Ms. Riveros gave an update on the CMMI State Innovation Models Project (SIM). A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

Recent progress

- Finalized approach to support primary care practice transformation
 - DCHI adopted a Consensus Paper on the overall approach.
 - The Health Care Commission released an RFP for expert support for primary care practices.
- Identified elements of total cost of care payment model to standardize.
- Approved initial version of the Common Scorecard for testing.
 - Progress continues towards publishing test files in July.
 - 21 practices from across the State enrolled to test.
- Defined structure for the Health Professionals Consortium; RFP to be released in coming weeks.
- Developed initial draft of consensus paper on workforce learning and education curriculum.
- Made strong progress on workforce capacity planning and credentialing.
- Finalized the population health scorecard.
- Identified areas of focus for Healthy Neighborhoods.

Near-term priorities

- Continuing design of value-based payment models.
- Defining care coordination and approach to supporting it across primary care.
- Developing a strategy for Behavioral Health Integration.
- Seeking feedback on initial version of Common Scorecard.
- Finalizing Healthy Neighborhoods structure and sustainable funding model.

The next meeting of the DCHI Board will be held on July 8, 2015 at 2:00 p.m. in Room 113 at the University of Delaware's STAR Campus.

Delaware Center for Health Innovation (DCHI): Healthy Neighborhoods Update

Lolita Lopez, President and CEO of Westside Family Healthcare and DCHI Board member, and Matt Swanson, Chair of the DCHI Board gave an update on the Healthy Neighborhoods initiative. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

Goals of the Healthy Neighborhood Committee

- Driving progress toward the state's aspiration of being one of the healthiest states in the nation.
- Developing a population health scorecard to benchmark state performance and track the impact of initiatives over time.
- Implementing Healthy Neighborhoods covering 80% of the population of Delaware by 2018.

- Supporting statewide improvements in population health priority areas.
- Accelerating integration of Delaware's care delivery system into Healthy Neighborhoods and other population health initiatives.
- Supporting the integration of primary care delivery with community support services that address the social determinates of health.

Overview of Delaware's population health scorecard

Delaware is currently the 35th healthiest state in the country. The goal is for Delaware to be one of the five healthiest states in the nation.

What is a Healthy Neighborhood?

- Healthy Neighborhoods are local communities that come together to harness the collective resources of all of the organizations in their community to design and implement locally tailored solutions to some of the state's most pressing health needs.
- Provides a framework for collaboration and support to communities with resources and expertise as they work to:
 - Enable healthy behavior
 - Improve prevention
 - Enable better access to primary care for their residents

Healthy Neighborhoods priorities

- Healthy Lifestyles
- Maternal and Child Health
- Mental Health and Addiction
- Chronic Disease Prevention and Management

Healthy Neighborhoods Program Timeline

- Timeline to scale Healthy Neighborhoods:
 - 10% of the population in Healthy Neighborhoods by 2016
 - 40% of the population in Health Neighborhoods by 2017
 - 80% of the population in Healthy Neighborhoods by 2018

Discussion

Wayne Smith, of the Delaware Healthcare Association, commented on the scorecard that the Healthy Neighborhoods Committee intends to use. It has Delaware listed as the 35th most healthy state with the goal of becoming one of the five healthiest states. A person's age has a lot of impact on benchmarks such as physical inactivity and high school graduation. The high school graduation rate for people over 70 years old is a lot lower than it is for people 30 years old and under. He suggested that the committee consider scoring each of the behavior benchmarks by decade of life to see how Delaware's 50 year olds are doing versus the nation's 50 years olds. There are a lot of things that can be influenced by age profile in the state.

Mr. Swanson stated that the scorecard is a published list. The Committee decided not to deconstruct it and come up with its own list. They decided to take the list at face value to provide a frame of reference on how to compare on particular items across the country. From there, they decided to build a second set of data that would be more on point to what is important to Delaware and prioritize areas where Delaware is ranking low and particular things that need to be focused on, while taking into account some of the particular elements of Delaware's

demographics. Customization was taken into account but more in terms of how the Committee prioritizes from the list and organizes its work going forward.

Dr. Janice Nevin asked if the Committee is able to get the data by the proposed neighborhood in order to understand what those indicators are in the neighborhood. She stated that, for example, the state rates of infant mortality are driven by a couple of high risk neighborhoods in the city of Wilmington. She asked if there will be an attempt to help define neighborhoods or define the work that happens to get the impact that they are looking for.

Mr. Swanson stated absolutely. They hope that the healthy neighborhood staff is going to be able to engage with the other available resources to bring that data to the neighborhoods and identify priorities that are specific to those neighborhoods. They are considering some statewide initiatives to provide that level of data to be disseminated and help organize and analyze on a neighborhood by neighborhood basis. They are also talking about how to activate the neighborhoods themselves with their support to do surveys specific to the individual neighborhoods and get data directly from those neighborhoods.

Secretary Landgraf stated that, especially in the child and maternal health framework and in low poverty communities, they utilize Medicaid data and have already done some data mining which created the initiative on the East Side. They have been working with the University of Delaware that analyze that data. They learned that 80 percent of individuals on the East Side are under Medicaid and there is a real need in the child and maternal health side.

She stated that the Division of Public Health has a lot of data that they have mined that can help accelerate Healthy Neighborhoods. Neighborhoods can also be employers. They can be an employer based activity. Many employers are anxious to get engaged so they have a healthier more productive workforce. Healthy neighborhoods are able to elevate the work that may currently be going on, prioritize it, focus and provide a more comprehensive approach to get outcomes.

Dr. Nevin stated that one of the resources she would encourage the Committee to have is ongoing support to look at the impact it is having. A lot of money, time, and resources could be spent without making a difference in terms of the outcome. This may be a once in a lifetime opportunity to do something fundamentally different that could get Delaware to a different place. She stated that they need to make sure they use the data that they have and learn who else has data that can be tapped into and directed to have an impact.

Mr. Swanson stated that he is confident they are going to be able to do that with the dedicated staff toward healthy neighborhoods support. Discussions about how the impact of this work should be supported through philanthropy or corporate donations need to be data driven. From the beginning they are going to make sure that they have trackable measures and that they have the support to make sure that the impacts are measured.

Dennis Rochford asked how social impact bonds work in terms of the long term sustainable funding. Mr. Swanson stated that a social impact bond is a funding mechanism that allows philanthropy. Instead of making one time grants that have an end date it is more of a renewable approach where philanthropy can come in through bond funding that will eventually be repaid through marketable innovations that have a future cash flow. Sometimes that offset of dollars is measured against social impact. Instead of repaying actual dollars on the bond there is a measurable impact that offsets the dollar repayment.

Susan Cycyk stated that she would like to reinforce the comments that were made about the need for the investment in the collection, analysis and communication of the data. That is the basis of the sustainability approach. Money is invested in communities to do things that are meant to produce outcomes; however, the only available information is the number of people that participated. There is no information about whether things have improved. No one knows if what is being done is connected in a logical coordinated way to something else and getting maximum return for the population. The fact that the communities are small does not mean that everyone knows everything that is available in a small geographical area. Ms. Cycyk stated that it is important to pull the data together.

Mr. Swanson stated that they have state resources available and have had multiple meetings with the Delaware Community Foundation.

Jonathan Kirch, of the American Heart Association, asked what a healthy neighborhood is and if there is currently a healthy neighborhood.

Mr. Swanson stated that there is not currently a healthy neighborhood in the formal sense of what has been defined. The vision is to have community leaders and representatives of the local health care system convene on a monthly basis in a council facilitated by the permanent staff of the healthy neighborhoods group. The facilitator will be able to inform through data that is available at the state level what a priority for this particular healthy neighborhood is. Then the group will begin to discuss the priorities and opportunities for addressing them.

Mr. Kirch asked if every Delawarean will live in a healthy neighborhood. Mr. Swanson stated that is the goal.

Ms. Lopez stated that it is not necessarily true that every Delawarean will be engaged in an initiative that is occurring in a healthy neighborhood because the neighborhoods are going to be broader than the specific initiative. The goal is to have the whole state covered geographically and then focus more on the high need areas or groups that have motivation to do an activity or an initiative toward healthy neighborhoods. Another part of the vision is that the healthy neighborhood will consist of a population that is engaged in their own health and making their health needs and healthy behaviors part of their life. The goal is for people to be informed and educated around the importance of primary care prevention and good health.

Jim Lafferty, of the Mental Health Association, stated that it is important to have a coordinated direction on the part of the nonprofit community. If everyone can be on target with a common direction, strategy and coordinated programming it will be something helpful in the state of Delaware. He suggested that perhaps the Delaware Alliance for Nonprofit Advancement (DANA) is the group that can help in this work.

Ms. Riveros stated that DANA, United Way and others may be important partners.

Ann Phillips, of Delaware Family Voices, stated that she represents families of children with any type of special health care need or disability. Nationally one in five households have at least one child with some type of special health care need. In Delaware it is one in four. She hopes that is a target as well. Parents of children with special health care needs have a lot of issues about what they cannot access and coordinate and there are lots of evidence based programs that parents are using themselves for sustainability. People get involved in their own community and help each other by sharing their knowledge.

A member of the public asked to what level the legislative body is integrated into this process.

Ms. Riveros stated that she and Secretary Landgraf provide regular updates on the initiative to key legislative leaders and will continue to do so as they move forward. There has been a lot of interest in healthy neighborhoods. .

Secretary Landgraf stated that it is also important that this initiative has been adopted as a private public partnership so it is not just reliant on government.

Ms. Riveros stated that they are also trying to increase the impact of investments, whether it is public or private dollars, and be able to measure that impact on neighborhoods and communities.

The next meeting of the DCHI Healthy Neighborhoods Committee will be held on July 9, 2015 at 3:15 p.m. in Room 113 at the University of Delaware's STAR Campus.

OTHER BUSINESS

Delaware Health Information Network (DHIN) Update

Dr. Jan Lee stated that the DHIN is eight years old. They have been compiling some end of year metrics on their progress. The number of health care providers who are enrolled in DHIN as end users of the data now actually exceeds the number of practicing physicians in Delaware. That is partly because they have enrolled three border hospitals in Maryland who see a significant level of across border interaction with Delaware residents. Their initial efforts were to get the data on those Delawareans into the community health record but as those hospitals have seen the value they have said that they want to score all of their patients and they want their affiliated practices using the data as well. As a result, there is a large and growing number of Maryland providers who see both Maryland and Delaware residents who are participating as end users of DHIN.

One of the ways that they provide a return on investment to the data senders who pay to send the data into the community health record is with the provider saying they believe that the data they are getting through DHIN is timely, accurate and complete. They do not need to keep giving paper results. Their sign off rate is a major business metric for DHIN because it is what gives a return on investment for the data sending organizations. They ended Fiscal Year 2015 with a 95 percent sign off rate meaning that 95 percent of the participating providers have agreed to shut down other methods of receiving their results and they get it all strictly through DHIN.

MedExpress has signed an agreement with DHIN to become a data sender. That is the first group of urgent care walk in clinics to be participating in DHIN as data senders. This is important in impacting fragmentation of care and fragmentation of information.

Mr. Kirch stated that the enabling legislation that created DHIN envisioned that DHIN would provide population health indication information to the public.

Dr. Lee stated that they are in the early stages of moving in that direction. The scorecard work is positioning them to be able to move out in that direction. The technology platform that they chose to support the scorecard was selected because it has the capability to provide population level views of the clinical data that they already have to incorporate additional data types, such as claims, and a variety of other things. They are in the early exploration stages of evaluating what the capabilities are going to be and then they are going to have to renegotiate data use agreements with all of the data senders as they contemplate sender uses of the data. Currently their agreements with the data senders specify that the data can be used to support treatment,

payment and operations as those terms are defined by the HIPPA regulations. Permission will be required to make any other use of the data. The enabling statute also very explicitly spells out that the data sending organizations retain business ownership of the data. DHIN is a steward, not an owner.

University of Maryland Extension Health Insurance Literacy Initiative

Maria Pippidis, of the University of Delaware Cooperative Extension, spoke about the University of Maryland Extension Health Insurance Literacy Initiative. Health insurance literacy is a huge issue for consumers and over the last couple of years she has been working with a team from the University of Maryland Cooperative Extension to develop consumer education resources. The initiative is on improving confidence and competence around understanding health insurance terms, choosing health insurance plans and accessing health related services.

She stated that they are starting to do training throughout the northeast region for people who are working with consumers. There are several programs to “train the trainer” and they would be willing to do training in Delaware. Ms. Pippidis distributed brochures on the programs, along with her business card.

Americans With Disabilities Act

Secretary Landgraf stated that the Department of Health and Social Services is hosting a celebration of the 25th anniversary of the Americans with Disabilities Act on July 18th on the Legislative Mall in Dover. There will be a parade and Tony Coelho will appear on stage. Mr. Coelho is one of the authors of the Americans with Disabilities Act. He is a gentleman with a disability. He will share his story about how he became a congressman during the time that the Americans with Disabilities Act was signed into law.

Secretary Landgraf will have the opportunity to sign a public policy initiative relative to healthy Delawareans with disabilities. With regard to the social determinants of health, people with disabilities are the largest minority that does not have access to employment. While Governor Markell was chair of the National Governor’s Association he promoted across the nation advancement for employment for people with disabilities. Poverty is linked to people’s health. Having access to employment brings people out of poverty and makes them healthier.

Telemedicine House Bill 69

Dean Kathleen Matt stated that the telemedicine bill will be signed by Governor Jack Markell at the University of Delaware STAR campus on Tuesday, July 7, 2015 at 9:00 a.m.

PUBLIC COMMENT

There was an opportunity for public comment and there was none.

NEXT MEETING

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on Thursday, August 6, 2015 at the DelTech Terry Campus Corporate Training Center, Rooms 400 A & B, 100 Campus Drive, Dover.

ADJOURN

The meeting adjourned at 10:50 a.m.

GUESTS

Janet Bailey	Hewlett Packard
Carol Bancroftt	Delaware Technical Community College
Kathy Collison	Division of Public Health
Jim Dickinson	Connections CSP
Ryshema Dixon	Henrietta Johnson Medical Center
Kemal Erkan	United Medical
Jill Fredel	Department of Health and Social Services
Joann Hasse	League of Women Voters
Siobham Hawthorne	Christiana Care Health System
Leighann Hinkle	Office of Management and Budget
Laura Howard	PCG
Ephraim Kaba	Henrietta Johnson Medical Center
Jonathan Kirch	American Heart Association
Jim Lafferty	Mental Health Association
Paul Lakeman	Bayhealth
Susan Lloyd	Delaware Hospice
Guy Lombardo	Health Insurance Associates
Lolita Lopez	Westside Family Healthcare
Cheyenne Luzader	Beebe Healthcare
Sarah Marshall	DSCYF/DPBHS
John McKenna	Rochford Center
Randy Munson	United Medical
Maggie Norris	Westside Family Healthcare
Patt Panzer	
Ann Phillips	Delaware Family Voices
Maria Pippidis	University of DE Cooperative Extension
Hiran Ratnayake	Christiana Care Health System
JosephRichichi	H.O.M.E./DMGMA
Paula Roy	Roy Associates
Shay Scott	Henrietta Johnson Medical Center
Christine Schultz	
Adriana Simoes	Division of Public Health
Wayne Smith	Delaware Healthcare Association
Karen Stoner	Highmark
Diane Taylor	MACHC
Mark Thompson	Medical Society of Delaware
Jose Tieso	HPES DMMA
Jacqueline Vogle	

